Entity Report Number	CG Report Number

ALLEGED NURSING HOME RESIDENT MISTREATMENT, NEGLECT AND ABUSE REPORT

Completion of this form is necessary to meet the requirements in Federal regulation 42 CFR 483.13(c)(2). Nursing homes are required to report to the Office of Quality Assurance (OQA), the state survey and certification agency, incidents of alleged mistreatment, neglect and abuse of nursing home residents **INCLUDING INJURIES OF UNKNOWN SOURCE** and misappropriation of resident property. Nursing homes must ensure that all alleged incidents be reported <u>immediately</u> to the administrator of the facility and to other officials in accordance with State law through established procedures which includes reporting the incident to OQA. The Centers for Medicaid and Medicare Services (CMS) defines "immediately" to be as soon as possible but not to exceed 24 hours after discovery of the incident. Failure to provide the following information to OQA within 24 hours of discovering the incident, may result in the issuance of a statement of deficiency. Questions about completion of the form may be directed to 608-243-2019.

TYPE OR PRINT NEATLY IN BLACK INK

EMAIL TO: Caregiver_Intake@dhfs.state.wi.us

OR

FAX TO: 608-243-2020								
ENTITY INFORMATION								
Entity or Facility Name				County				
Street Address	Telephone Number			Federal Provider or Certification Number				
City	State	Zip		State License, Approval or Registration Number				
Administrator's Name	I			ı				
SUMMARY OF INCIDENT								
			Date Occurred (mm/dd/ccyy)		Time Occurred	d Date Discovered (mm/dd/ccyy)		
BRIEF SUMMARY OF INCIDENT								
PERSON PREPARING THIS REPORT								
Name	Title				Date	Report Completed		

NOTE: Upon completion of the facility's investigation, attach a copy of this form to the completed Caregiver Misconduct Incident Report, OQA-2447, and submit to the address listed in the instructions for OQA-2447.